

CLASS C AMENDMENT FORM

232185

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

COPY

Posted: ledDept: SADate: 9/14/11

RECEIVED

SEP 14 2011

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 9/13/11 Time: 11:40ORS
T,T,W,W,W

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 8472 DOKET NO. 2011-282-T

Please consider this as my request for the following amendment(s) to my Certificate:

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SEP 14 2011

PSC SC
MAIL / DMS☐ Name Change

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☒ Passenger Limit

From: 7 passenger To: 15 passenger
(Current Limit Number) (New Limit Number)

DeFay Tours Inc. dba DeFaya Medical
Name & DBA if DBA is applicable)

PO BOX 161256
(Street and/or Mailing Address)

BEULING SPRINGS, SC 29316
(City, State, Zip Code)

[Signature]
(Signature)

877-218-3257
(Telephone Number)

VICE PRESIDENT
(Title) Owner, President, etc.